

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>		<i>12/28/94</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>1/10/00</i>
FORMALITY REVIEW	<i>24</i>	<i>70647</i>	<i>1-19-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

*4/7/00*

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/01
2	✓	✓	1/1/01
3	✓	✓	1/1/01
4	✓	✓	1/1/01
5	✓	✓	1/1/01
6	✓	✓	1/1/01
7	✓	✓	1/1/01
8	✓	✓	1/1/01
9	✓	✓	1/1/01
10	✓	✓	1/1/01
11	✓	✓	1/1/01
12	✓	✓	1/1/01
13	✓	✓	1/1/01
14	✓	✓	1/1/01
15	✓	✓	1/1/01
16	✓	✓	1/1/01
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18	✓	✓	1/1/01
19	✓	✓	1/1/01
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If more than 150 claims or 10 actions  
 staple additional sheet here

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